

# California

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## State CARE Act Program Profile

### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$86,881,273	\$97,276,370	\$96,916,494	\$281,074,137
Title II (including ADAP)	\$36,282,354	\$57,920,029	\$73,677,524	\$167,879,907
ADAP	(\$8,415,161)	(\$26,371,892)	(\$43,064,687)	(\$77,851,740)
Title III	\$5,999,313	\$8,438,766	\$8,386,801	\$22,824,880
Title IV	\$1,967,290	\$2,610,000	\$3,248,888	\$7,826,178
SPNS	\$5,260,258	\$7,208,692	\$6,665,879	\$19,134,829
AETC	\$2,888,951	\$2,754,764	\$3,447,827	\$9,091,542
Dental	\$1,048,211	\$964,249	\$978,696	\$2,991,156
<b>Total</b>	<b>\$140,327,650</b>	<b>\$177,172,870</b>	<b>\$193,322,109</b>	<b>\$510,822,629</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	9	9	9
Title III	16	20	20
Title IV	4	4	5
SPNS	13	15	15
AETC (grantee or subcontractor)	12	12	12
Dental	7	7	7

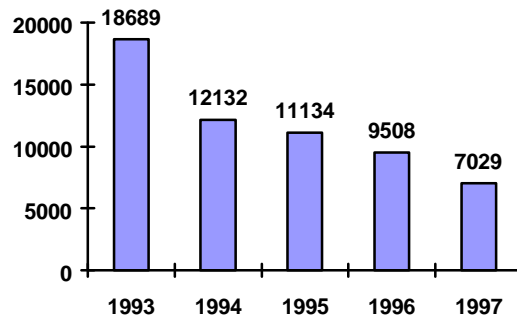
## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: California (Pop. 32,268,301)

- ▶ Persons reported to be living with AIDS through 1997: 36,683
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV:  
No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 58,492 (15% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	89%	78%
Women (13 years and up):	11%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	50%	33%
African American:	21%	45%
Hispanic:	26%	21%
Asian/Pacific Islander:	3%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	62%	35%
Injecting drug user (IDU):	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	7%	13%
Other, unknown or not reported:	13%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	96%	91%
Receipt of blood transfusion, blood components, or tissue:	4%	<1%
Other, unknown or not reported:	0%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	194.9	194.5
Gonorrhea (1996)	59.0	124.0
Syphilis (1996)	1.6	4.3
TB (1997)	12.6	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** services for adolescents, women, the incarcerated, and PLWH in rural areas; culturally appropriate programs; access to medications; alternative therapies; housing; transportation; mental health services; services for multiply diagnosed; dental services; primary care; substance abuse treatment; and access to services through managed care programs
- ▶ **Emerging Needs:** services for African Americans and the deaf; translation; vision care; client education (new therapies); child care; respite care; transitional care; clothing; food; housing; border issues; training in data collection for providers; reduced funding for HIV programs; staff and volunteer burnout; impact of migration on service delivery; and impact of welfare reform

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	300% FPL
Medically Needy	86% FPL

\*Income eligibility for State's ADAP program is 400% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	Yes
Refill limit:	No
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** No

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

**1915(b) waiver(s):** Yes

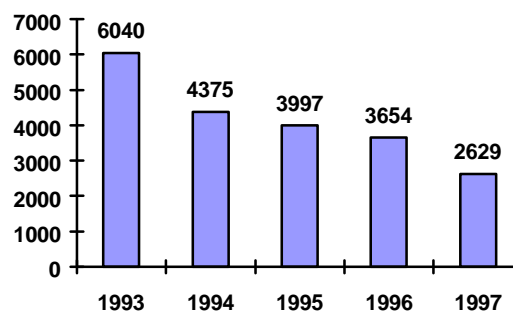
## Title I: Los Angeles (Pop. 9,771,386)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► EMA: Los Angeles County

- Estimated number of people living with AIDS at the end of 1997: 13,937
- AIDS Cases (cumulative) since 1993: 20,695 (35% of state cases, 5% of total U.S. cases)

### ► New AIDS cases by calendar year, 1993-1997



## AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	89%	89%	78%
Women (13 years and up):	11%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	1%	2%
20+ years old:	99%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	39%	50%	33%
African American:	22%	21%	45%
Hispanic:	36%	26%	21%
Asian/Pacific Islander:	2%	3%	<1%
Native American/Alaskan Native:	1%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	59%	62%	35%
Injecting drug user (IDU):	8%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	6%	4%
Heterosexual contact:	5%	7%	13%
Other, unknown or not reported: (Adults only)	24%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$14,257,343	\$16,346,963	\$16,638,361	\$47,242,667
Supplemental	\$12,056,218	\$13,880,335	\$13,998,745	\$39,935,298
Total	\$26,313,561	\$30,227,298	\$30,637,106	\$87,177,965

## Allocation of Funds

	1998
Health Care Services	\$21,415,028/70%
Medications	\$0/0%
Case Management	\$2,914,400/10%
Support Services	\$4,587,470/15%
Administration, Planning and Program Support	\$1,720,208/6%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 45
- ▶ PLWH on planning council: 15 (33%)

## Gender of Planning Council Members

Men:	62%
Women:	38%

### **Race/Ethnicity of Planning Council Members**

White:	51%
African American:	20%
Hispanic:	27%
Asian/Pacific Islander:	2%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	43,160
Men:	80%
Women:	19%

<13 years old:	5%
13-19 years old:	1%
20+ years old:	94%

White:	29%
African American:	19%
Hispanic:	42%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	8%

Men who have sex with men (MSM):	52%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	8%
Other, unknown or not reported:	31%

### **► Improved Patient Access**

- The Title I program has used primary care funds to create a community-based network of 21 primary care providers in FY 1995-FY 1996, and opened three new clinics in underserved areas in FY 1997. Between 1996 and 1997, the number of outpatient medical visits increased significantly, due to the advent of new, combination therapies and corresponding changes in treatment regimens. Between FY 1996-FY 1997, 18,935 Level 1 medical visits were provided, an increase of 25%; 35,319 Level 2 medical visits were provided, an increase of 50%; and 92,342 Level 3 medical visits were provided, an increase of 133%.



- Client utilization rates exceeded projections for FY 1997 in other key service categories. For example, a total of 3,604 unduplicated clients received case management services, or 33% more than projected; 391 unduplicated clients, twice as many as expected, received substance abuse residential treatment/rehabilitation; 6,058 unduplicated clients received mental health services, 28% more than projected; 2,558 unduplicated clients received dental services, which exceeded projections by 14%; and translation services were provided to 1,628 clients, a 146% higher utilization rate than forecast.
- The following services were added or expanded in FY 1997. 1) Title I supported one agency that primarily serves youths aged 18-23, to initiate a link between its housing program and two HIV/AIDS medical outpatient clinics. This resulted in better follow through by youths in keeping appointments and adhering to prescribed treatments. 2) Back-to-work counseling services were added through mental health/counseling providers. 3) By funding new service provider contracts in more geographical areas throughout the EMA, barriers to care were reduced by expanding childcare services for HIV-infected mothers, fathers and other adults with child care responsibilities.

► **Improved Patient Outcomes**

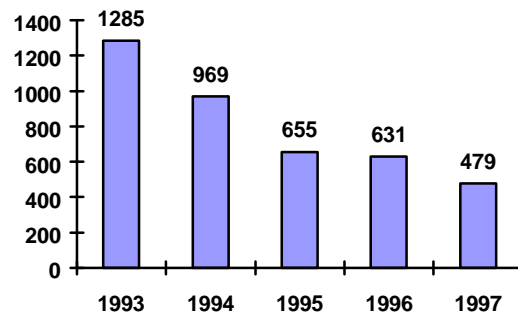
- Ophthalmologists funded under Title I in FY 1997 reported a substantial decrease in the number of clients diagnosed with CMV retinitis.

## Title I: Oakland (Pop. 2,080,434)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Alameda , Contra Costa Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 2,708
- ▶ AIDS Cases (cumulative) since 1993: 4,019 (7% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	80%	89%	78%
Women (13 years and up):	20%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	1%	2%
20+ years old:	99%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	38%	50%	33%
African American:	46%	21%	45%
Hispanic:	11%	26%	21%
Asian/Pacific Islander:	5%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	52%	62%	35%
Injecting drug user (IDU):	21%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	6%	4%
Heterosexual contact:	14%	7%	13%
Other, unknown or not reported: (Adults only)	8%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,760,838	\$3,086,512	\$3,098,261	\$8,945,611
Supplemental	\$1,980,757	\$2,819,449	\$2,827,933	\$7,628,139
Total	\$4,741,595	\$5,905,961	\$5,926,194	\$16,573,750

## Allocation of Funds

	1998
Health Care Services	\$1,763,962/30%
Medications	\$0/0%
Case Management	\$845,172/14%
Support Services	\$2,597,173/44%
Administration, Planning and Program Support	\$719,887/12%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 23
- ▶ PLWH on planning council: 8 (35%)

## Gender of Planning Council Members

Men:	39%
Women:	61%

### **Race/Ethnicity of Planning Council Members**

White:	35%
African American:	43%
Hispanic:	9%
Asian/Pacific Islander:	4%
Native American/Alaska Native:	9%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	6,640
Men:	72%
Women:	25%
Other, unknown or not reported:	3%

<13 years old:	1%
13-19 years old:	0%
20+ years old:	96%
Other, unknown or not reported:	2%

White:	28%
African American:	56%
Hispanic:	9%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	4%

Men who have sex with men (MSM):	48%
Injecting drug user (IDU):	14%
Men who have sex with men and inject drugs (MSM/IDU):	7%
Heterosexual contact:	18%
Other, unknown or not reported:	13%

► **Improved Patient Access**

- Between 1996 and 1997, the Title I program served increased numbers of unduplicated clients in most health care service categories. Primary medical care clients increased from 675 to 708 (+5%) and primary medical care visits increased from 13,229 to 15,296 (+16%); food/congregate meal clients increased from 709 to 1061 (+50%) although meal units provided did not increase; substance abuse treatment clients increased from 422 to 501 (+19%) and substance abuse treatment units increased from 17,083 to 19,982 (+17%); and home health care clients increased from 123 to 198 (+61%) and home health care service units increased from 8,753 to 26,181 (+200%).
- In FY 1997, the EMA added housing-related services and assistance through Oakland Community Housing, Inc., nutritional services, and coverage for diagnostic medical assessments and lab services. In addition, home health care services were expanded significantly, and two new service providers were added.

► **Other Accomplishments**

- The Title I program initiated a contract in FY 1997 to assist and improve its needs assessment, comprehensive planning, and service needs forecasting capabilities. These activities included: 1) a detailed assessment of client and service use patterns in the EMA compared to epidemiological and demographic data for different geographic areas and communities; 2) a detailed review of state-of-the-art population and service projection models in the literature and in use, and close consultation with HRSA, the Rand Corporation, the Center for AIDS Prevention at the University of California in San Francisco, the AIDS Institute at Harvard university, and the AIDS Forum on HandsNet; and 3) an evaluation of existing data collection and reporting systems in use in the EMA and barriers experienced by providers, that will result in recommendations for improving the effectiveness of data collection/reporting methods and systems.

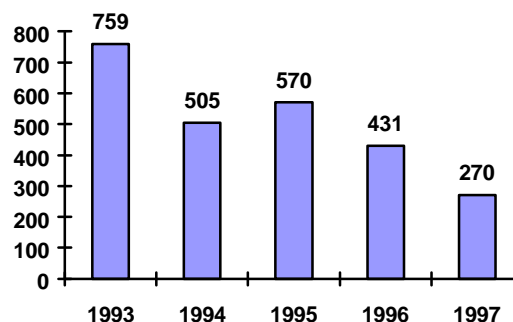
## Title I: Orange County (Pop. 2,660,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► EMA: Orange County

- Estimated number of people living with AIDS at the end of 1997: 2,176
- AIDS Cases (cumulative) since 1993: 2,535 (4% of state cases, <1% of total U.S. cases)

### ► New AIDS cases by calendar year, 1993-1997



## AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	90%	89%	78%
Women (13 years and up):	10%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	55%	50%	33%
African American:	7%	21%	45%
Hispanic:	33%	26%	21%
Asian/Pacific Islander:	4%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	67%	62%	35%
Injecting drug user (IDU):	13%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	6%	4%
Heterosexual contact:	7%	7%	13%
Other, unknown or not reported: (Adults only)	11%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,903,234	\$2,149,959	\$2,109,883	\$6,163,076
Supplemental	\$1,589,759	\$2,251,371	\$1,700,876	\$5,542,006
Total	\$3,492,993	\$4,401,330	\$3,810,759	\$11,705,082

## Allocation of Funds

	1998
Health Care Services	\$1,816,682/48%
Medications	\$0/0%
Case Management	\$776,873/20%
Support Services	\$805,281/21%
Administration, Planning and Program Support	\$411,743/11%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 30
- ▶ PLWH on planning council: 9 (30%)

## Gender of Planning Council Members

Men:	50%
Women:	50%

### **Race/Ethnicity of Planning Council Members**

White:	67%
African American:	7%
Hispanic:	27%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	4,670
Men:	79%
Women:	17%
Other, unknown or not reported:	5%

<13 years old:	1%
13-19 years old:	2%
20+ years old:	92%
Other, unknown or not reported:	5%

White:	52%
African American:	12%
Hispanic:	27%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	56%
Injecting drug user (IDU):	16%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	18%
Other, unknown or not reported:	7%



► **Improved Patient Access**

- In FY 1997, seven health care sites reported providing 19,308 primary medical care visits, 683 dental service visits, and 8,307 mental health service visits, which were utilized by a total aggregate of 4,510 clients (i.e., the sum of unduplicated counts from all 7 providers). In South County, 50 additional new clients received primary care services.
- In addition, a family-centered approach to medical care was implemented in FY 1997, which allows families living with or affected by HIV to access their primary medical and other health care services in one location.
- Routine and specialty dental care services also were added to the Title I program in FY 1997. This enabled 250 clients to receive basic dental care in South County, for example, while 30 clients received specialty dental services in Central County.

► **Improved Patient Outcomes**

- Through increased funding for primary medical care and the retooling of treatment advocacy services, the Title I program effectively helped clients maintain adherence to new treatment regimens, including protease inhibitors. Clients received more intensive compliance monitoring in primary care as well as access to workshops on treatment compliance.

## Title I: Riverside-San Bernardino

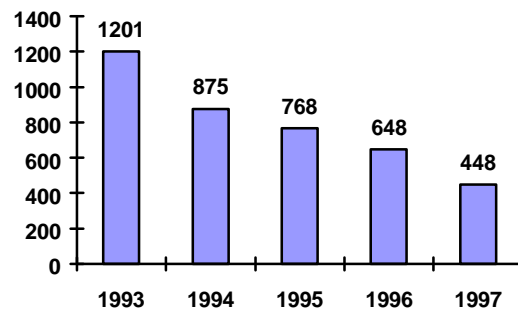
Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

► EMA: Riverside, San Bernardino Counties

► Estimated number of people living with AIDS at the end of 1997: 2,795

► AIDS Cases (cumulative) since 1993: 3,940  
(7% of state cases, 1% of total U.S. cases)

► New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	86%	89%	78%
Women (13 years and up):	14%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	57%	50%	33%
African American:	17%	21%	45%
Hispanic:	25%	26%	21%
Asian/Pacific Islander:	1%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	61%	62%	35%
Injecting drug user (IDU):	14%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	6%	4%
Heterosexual contact:	9%	7%	13%
Other, unknown or not reported: (Adults only)	10%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,591,752	\$2,891,924	\$2,953,030	\$8,436,706
Supplemental	\$2,095,680	\$3,095,055	\$2,681,397	\$7,872,132
Total	\$4,687,432	\$5,986,979	\$5,634,427	\$16,308,838

## Allocation of Funds

	1998
Health Care Services	\$2,544,154/45%
Medications	\$727,000/13%
Case Management	\$798,329/14%
Support Services	\$942,294/17%
Administration, Planning and Program Support	\$622,650/11%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 32
- ▶ PLWH on planning council: 11 (34%)

## Gender of Planning Council Members

Men:	59%
Women:	41%

### **Race/Ethnicity of Planning Council Members**

White:	63%
African American:	16%
Hispanic:	19%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	3%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	3,740
Men:	84%
Women:	15%
Other, unknown or not reported:	1%

<13 years old:	1%
13-19 years old:	1%
20+ years old:	98%

White:	59%
African American:	16%
Hispanic:	21%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	48%
Injecting drug user (IDU):	8%
Men who have sex with men and inject drugs (MSM/IDU):	6%
Heterosexual contact:	2%
Other, unknown or not reported:	36%

► **Improved Patient Access**

- In 1996, the total aggregate number of clients reported by providers to have received outpatient primary health care (i.e., medical, dental, mental health, and substance abuse treatment services) remained essentially unchanged over the previous year, at approximately 3,740 clients (the sum of the unduplicated counts from all providers). However, the number of units of service provided increased in three out of four of these service categories, even though the number of reporting providers declined from six to five providers. Outpatient medical visits increased from 15,692 in 1995 to 23,366 in 1996, an increase of 49%; dental care service units increased from 1,085 to 1,257, an increase of 16%; and mental health/counseling units increased from 7,928 to 8,422, an increase of 6%. Substance abuse treatment units provided decreased by 41%.
- During FY 1997, the Title I program: 1) added a new medication/treatment education service for clients to improve compliance with newly approved, combination HIV/AIDS therapies; and 2) opened a new primary care clinic in Banning.

► **Other Accomplishments**

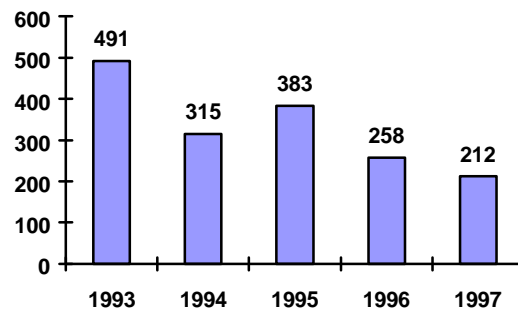
- The Title I program initiated development of EMA-wide case management service standards in FY 1997, which were completed last year.

## Title I: Sacramento (Pop. 1,300,010)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: El Dorado, Placer, Sacramento Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,092
- ▶ AIDS Cases (cumulative) since 1993: 1,659 (3% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	89%	89%	78%
Women (13 years and up):	11%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	62%	50%	33%
African American:	23%	21%	45%
Hispanic:	15%	26%	21%
Asian/Pacific Islander:	0%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	57%	62%	35%
Injecting drug user (IDU):	19%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	6%	4%
Heterosexual contact:	12%	7%	13%
Other, unknown or not reported: (Adults only)	4%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,179,545	\$1,295,670	\$1,282,874	\$3,758,089
Supplemental	\$1,284,269	\$743,157	\$1,106,496	\$3,133,922
Total	\$2,463,814	\$2,038,827	\$2,389,370	\$6,892,011

## Allocation of Funds

	1998
Health Care Services	\$1,256,304/52%
Medications	\$0/0%
Case Management	\$139,337/6%
Support Services	\$499,295/21%
Administration, Planning and Program Support	\$503,434/21%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 60
- ▶ PLWH on planning council: 26 (43%)

## Gender of Planning Council Members

Men:	23%
Women:	77%

## **Race/Ethnicity of Planning Council Members**

White:	32%
African American:	10%
Hispanic:	5%
Asian/Pacific Islander:	2%
Native American/Alaska Native:	52%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

## **Accomplishments**

### **► Improved Patient Access**

- The number of unduplicated clients receiving Title I services in the Sacramento Region EMA, rose from 895 in FY 1997 to 1,335 in FY 1998, representing a 49% increase.
- During 1997 and 1998, the Title I program added or expanded the following services to increase access to care: 1) a client/consumer HIV services hotline designed also to draw individuals into care; 2) buddy and volunteer support programs to reduce barriers to care, including child care, respite care and transportation; 3) wide distribution of "The Source," a resource directory informing clients/potential clients of available services throughout the region; and 4) a media campaign to increase public awareness of available HIV/AIDS care and treatment services.
- During 1997, the Title I program added new access points to care at two local health department sites, improving access for El Dorado and Placer counties.

### **► Cost Savings**

- The grantee reported that EMA-wide dental care standards improved the quality and cost effectiveness of dental care services in FY 1997. The standards included: 1) pre-authorization of services by a Dental Coordinator that saved an estimated \$5,000, and 2) establishment of an individual client-cap on allowable expenditures that increased the grantee's ability to serve additional uninsured clients who would not have otherwise received care. All savings were returned to the program and used to offer services to new, eligible clients and expand the range of covered services available to existing and new clients.

### **► Other Accomplishments**

- The Title I program developed a care plan for each client to decrease barriers to care and enhance their ability to remain in care. Each service provider has implemented a quality assurance process and mechanisms for achieving client involvement in their care and feedback about services.
- The merging of the Title I Planning Council with the Title II HIV Care Consortia serving the same region, has improved the efficiency of the decision-making processes with respect to needs assessment and planning, establishing service priorities, and developing standards of care.

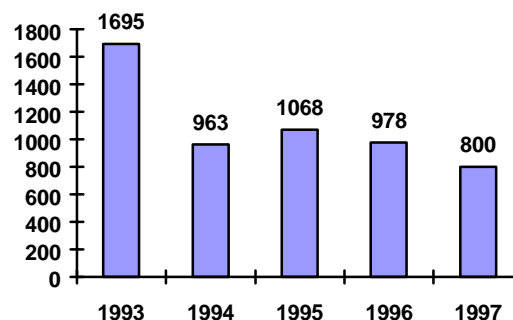


## Title I: San Diego (Pop. 2,700,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: San Diego County
- ▶ Estimated number of people living with AIDS at the end of 1997: 3,848
- ▶ AIDS Cases (cumulative) since 1993: 5,504 (9% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	92%	89%	78%
Women (13 years and up):	8%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	56%	50%	33%
African American:	15%	21%	45%
Hispanic:	26%	26%	21%
Asian/Pacific Islander:	2%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	73%	62%	35%
Injecting drug user (IDU):	11%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	6%	4%
Heterosexual contact:	5%	7%	13%
Other, unknown or not reported: (Adults only)	4%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$3,592,742	\$4,282,515	\$4,316,588	\$12,191,845
Supplemental	\$2,999,362	\$3,915,594	\$4,135,849	\$11,050,805
Total	\$6,592,104	\$8,198,109	\$8,452,437	\$23,242,650

## Allocation of Funds

	1998
Health Care Services	\$2,882,075/34%
Medications	\$300,000/4%
Case Management	\$1,290,000/15%
Support Services	\$3,293,769/39%
Administration, Planning and Program Support	\$686,593/8%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 41
- ▶ PLWH on planning council: 16 (39%)

## Gender of Planning Council Members

Men:	59%
Women:	41%

### **Race/Ethnicity of Planning Council Members**

White:	49%
African American:	17%
Hispanic:	20%
Asian/Pacific Islander:	7%
Native American/Alaska Native:	7%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	47,990
Men:	69%
Women:	30%
Other, unknown or not reported:	1%

<13 years old:	1%
13-19 years old:	7%
20+ years old:	87%
Other, unknown or not reported:	5%

White:	47%
African American:	12%
Hispanic:	20%
Asian/Pacific Islander:	12%
Native American/Alaskan Native:	4%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	63%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Heterosexual contact:	7%
Other, unknown or not reported:	25%

### **► Improved Patient Access**

- The Title I program added the following new services in FY 1997: 1) comprehensive integrated services for women, children and families; 2) viral load testing to receive care in accordance with new CDC treatment guidelines; 3) coordinated services for people with hemophilia; 4) a new food voucher and SHARE program; and 5) quality standards improvements for the existing primary care system, in response to new CDC treatment guidelines.

- The EMA focused access and outreach services on high-risk and historically underserved communities, in order to provide information about available service options and encourage them to seek care and treatment. Moreover, the regional planning approach, used to identify service needs in each of five regions and to set funding priorities, resulted in increased access to community-based and culturally competent services for the most impacted communities of color within the San Diego EMA. For example, housing-related services for women and their children were expanded to help bring this target population into the system of care, along with implementation of new child care options to support the ability of women to meet their own health care needs.
- For non-English speaking people and those who are visually or hearing-impaired, the Title I program expanded access to care services in FY 1997 by: 1) acquiring new translation equipment for simultaneous translation; 2) making available and widely distributing a consumer guidebook in English, Spanish, Braille, and on tape; and 3) providing interpreting service for hearing-impaired persons.
- New access points to care were also developed in FY 1997, including: 1) opening a new dental clinic in the Central San Diego region, the first available in two years, and changing the dental services policy to expand access for emergency care at multiple sites throughout the county; 2) expanding mental health services geographically and establishing outstations; 3) co-locating mental health/counseling services with case management services at one site in the North County; 4) establishing “one-stop shopping” sites in South Bay and East County, where clients receive a variety of support services, including case management, food vouchers, and peer counseling; and 5) development of the Comprehensive Addiction Recovery (CARE) program, to improve access to both HIV care and substance abuse treatment services, and to foster improved outcomes for clients.

#### ► **Improved Patient Outcomes**

- The grantee reports an increase in the number of women and children accessing services as a result of the development of an integrated service model for HIV-infected women and their children.
- The grantee also reports that improved patient health status has been evidenced by reduced utilization of emergency assistance and emergency housing pools; reduced utilization of home health/home hospice care; increased utilization of ADAP and primary care services.

#### ► **Cost Savings**

- The grantee reports that increased utilization rates have in general led to improved health status and quality of life for clients, resulting in reduction in costly emergency room and urgent care visits and decreased hospitalization rates.
- In addition, the grantee reports that an increased availability and utilization of residential substance abuse treatment slots: 1) led to savings in terms of reductions in costly emergency care services and hospitalizations, and 2) assisted in treatment maintenance so that funding expended on HIV/ AIDS medications and primary care treatment services was not wasted.
- Implementation of eligibility screening for Title II ADAP services at Title I-funded community clinics, reduced the overhead for this program while at the same time expanding client access.

► **Other Accomplishments**

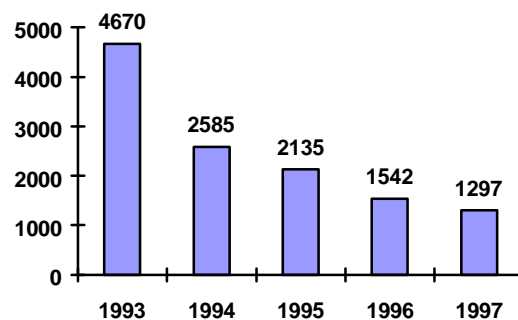
- The Title I Consumer Council provided leadership in the development of quality service delivery standards for primary medical care, dental services, case management and food-related services.
- Evaluation outcomes were developed for medical specialty, case management, home health care, home hospice care, and direct emergency financial assistance.
- New contract monitoring efforts to improve the efficiency and effectiveness of service delivery included: 1) establishing new policies and procedures for verifying HIV status at all provider locations; 2) more rapid identification and redirection of any contract savings to identified priorities; and 3) improvements in data collection and reporting. In addition, the grantee and Planning Council worked together to establish an HIV Consumer Council, a Quality Assurance Committee, and Working Groups or Task Forces to address HIV Healthcare Access, Treatment Compliance, Standards of Care, Needs Assessment, and Case Management.

## Title I: San Francisco

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Marin, San Francisco, San Mateo Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 8,355
- ▶ AIDS Cases (cumulative) since 1993: 12,229 (21% of state cases, 3% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	94%	89%	78%
Women (13 years and up):	6%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	67%	50%	33%
African American:	16%	21%	45%
Hispanic:	14%	26%	21%
Asian/Pacific Islander:	4%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	74%	62%	35%
Injecting drug user (IDU):	14%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	8%	6%	4%
Heterosexual contact:	2%	7%	13%
Other, unknown or not reported: (Adults only)	2%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$19,126,679	\$18,935,412	\$18,744,145	\$56,806,236
Supplemental	\$16,045,595	\$18,259,222	\$17,650,769	\$51,955,586
Total	\$35,172,274	\$37,194,634	\$36,394,914	\$108,761,822

## Allocation of Funds

	1998
Health Care Services	\$20,232,855/56%
Medications	\$0/0%
Case Management	\$2,741,132/8%
Support Services	\$11,021,181/30%
Administration, Planning and Program Support	\$2,399,746/7%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 40
- ▶ PLWH on planning council: 19 (47%)

## Gender of Planning Council Members

Men:	55%
Women:	45%

### **Race/Ethnicity of Planning Council Members**

White:	57%
African American:	22%
Hispanic:	8%
Asian/Pacific Islander:	8%
Native American/Alaska Native:	5%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	47,440
Men:	85%
Women:	13%
Other, unknown or not reported:	2%

<13 years old:	1%
13-19 years old:	0%
20+ years old:	96%
Other, unknown or not reported:	3%

White:	53%
African American:	22%
Hispanic:	12%
Asian/Pacific Islander:	3%
Native American/Alaskan Native:	2%
Other, unknown or not reported:	7%

Men who have sex with men (MSM):	32%
Injecting drug user (IDU):	21%
Men who have sex with men and inject drugs (MSM/IDU):	11%
Heterosexual contact:	9%
Other, unknown or not reported:	27%

#### **► Improved Patient Access**

- According to the grantee's Uniform Reporting System (URS), 10,647 unduplicated clients received services at participating CARE Act-funded agencies in 1997. Of these, 5,737 unduplicated clients received 62,825 units of service or medical appointments in San Francisco County, an increase of 20% in the amount of medical care services provided the previous year. The total aggregate number of clients reported by primary care service providers (medical, dental, mental health, substance abuse treatment and rehabilitation services), increased by 5% between FY 1996 and FY 1997, from 10,192 to 10,749 clients (not unduplicated).



- The grantee reported that increases in primary care services have come at the expense of some other services previously funded by the CARE Act. Title I funding in San Francisco has dropped by 7% since FY 1995, and by 4% since FY 1996. During that time, the number of PLWH in San Francisco County alone has increased by at least 11%.
- Starting in FY 1998, the Planning Council created a new integrated service model, an innovative, multi-disciplinary and collaborative model centered on primary care. The goal is to ensure expanded access to care for those, who for a variety of reasons (e.g., homelessness, active substance use, concurrent mental health diagnoses and/or other co-morbidities), have the greatest need but also the most difficulty using the current HIV care system. In addition to medical care, this model incorporates other critical services needed to help these individuals remain in care, including emergency and transitional housing, case management, peer advocacy, treatment advocacy, psychiatric consultation, and vouchers for transportation and clothing. For the first year, Title I funds were awarded to six integrated-service models, targeting different populations and neighborhoods. The EMA plans to expand the integrated service model in the coming year, if more funding becomes available.
- The Title I program created a new model of case management, combining peer advocacy with formal case management services. Based on an assessment a client's needs, this model uses trained peers to help clients navigate the system of care as a cost-effective adjunct to standard approaches. Peer advocates serve as street-based client navigators, locating homeless clients, accompanying them to appointments, and assisting them with accessing services and adherence to medication regimens. They also conduct outreach to engage and maintain severe-need clients in services and to assist case managers in following and serving clients.

► **Improved Patient Outcomes**

- Although not entirely attributable to Title I funding, the AIDS death rate for the San Francisco EMA has dropped dramatically. For San Francisco County, it has declined 531% since 1994. In San Mateo County, there were no HIV-related deaths among individuals receiving Title I services in the first half of 1998, compared to an average of four deaths a month in the peak year of 1993.

► **Other Accomplishments**

- Funding for treatment advocacy was greatly expanded last year and included in the integrated service model, in response high priority needs identified during the needs assessment process. Treatment advocates facilitate access to HIV therapies, clinical trials and parallel track programs, as well as provide education about newly available treatments and clinical trials to clients.
- The Title I program requires case managers, peer advocates, and other non-medical staff of CARE Act-funded services to participate in training and education on treatment issues, including a treatment certification course. The training is provided by established Title I-funded treatment advocacy agencies and open to all HIV service provider staff. The goal is to increase the level of treatment knowledge throughout the service system, and to increase understanding and support for client concerns related to adherence and other medical issues.

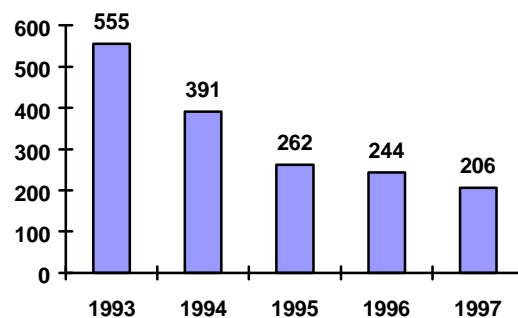
- The grantee and Planning Council continue to assess the impact of new HIV/AIDS therapies on the needs of clients and the service delivery system, and to identify ways to improve both access and adherence to new treatments. The Title I program has discontinued some services due in part to decreased need and declining utilization, e.g., a rehabilitation service for people who have impaired vision due to CMV retinitis. Although hospice beds are not needed at the same level they were several years ago, skilled nursing care and sub-acute care are in greater demand. Hospice and home care providers are adapting their service models to meet changing needs.

## Title I: San Jose (Pop. 1,599,604)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Santa Clara County
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,117
- ▶ AIDS Cases (cumulative) since 1993: 1,658 (3% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	90%	89%	78%
Women (13 years and up):	10%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	51%	50%	33%
African American:	16%	21%	45%
Hispanic:	27%	26%	21%
Asian/Pacific Islander:	6%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	70%	62%	35%
Injecting drug user (IDU):	10%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	6%	4%
Heterosexual contact:	12%	7%	13%
Other, unknown or not reported: (Adults only)	5%	13%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,101,089	\$1,295,670	\$1,285,563	\$3,682,322
Supplemental	\$1,173,955	\$696,932	\$1,159,917	\$3,030,804
Total	\$2,275,044	\$1,992,602	\$2,445,480	\$6,713,126

## Allocation of Funds

	1998
Health Care Services	\$659,354/27%
Medications	\$0/0%
Case Management	\$238,958/10%
Support Services	\$1,054,559/43%
Administration, Planning and Program Support	\$384,774/16%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 24
- ▶ PLWH on planning council: 6 (25%)

## Gender of Planning Council Members

Men:	54%
Women:	46%

### **Race/Ethnicity of Planning Council Members**

White:	58%
African American:	13%
Hispanic:	21%
Asian/Pacific Islander:	8%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

#### **► Improved Patient Access**

- To fill a recognized gap in care for African American women, the Title I program developed a partnership with the leading provider of services to communities of color, including the African American community. The project coordinators worked with the African American community in developing care and treatment outreach materials and informing potential clients through community functions about the available CARE Act services.
- The Title I program added new primary health care and support services to serve PLWH in South County, many as extensions of services already provided in the San Jose area.

#### **► Other Accomplishments**

- Planning and information/data collection for an HIV/AIDS Resource Directory were completed in FY 1997, and the directory was published in the summer of 1998.
- Planning and the first phase of implementing a new HIV/AIDS information and referral system phone line were initiated in FY 1997 and became operational in September 1998.

## Title I: Santa Rosa-Petaluma (Pop. 426,900)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► EMA: Sonoma County

#### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	100%	89%	78%
Women (13 years and up):	0%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	82%	50%	33%
African American:	10%	21%	45%
Hispanic:	8%	26%	21%
Asian/Pacific Islander:	0%	3%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	71%	62%	35%
Injecting drug user (IDU):	10%	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	10%	6%	4%
Heterosexual contact:	0%	7%	13%
Other, unknown or not reported:	8%	13%	24%
(Adults only)			

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$608,710	\$686,595	\$632,024	\$1,927,329
Supplemental	\$533,746	\$644,035	\$593,783	\$1,771,564
Total	\$1,142,456	\$1,330,630	\$1,225,807	\$3,698,893

## Allocation of Funds

	1998
Health Care Services	\$609,249/50%
Medications	\$19,328/2%
Case Management	\$165,960/14%
Support Services	\$308,690/25%
Administration, Planning and Program Support	\$122,580/10%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 24
- ▶ PLWH on planning council: 5 (21%)

### Gender of Planning Council Members

Men:	42%
Women:	58%

### Race/Ethnicity of Planning Council Members

White:	75%
African American:	8%
Hispanic:	13%
Asian/Pacific Islander:	4%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

## Accomplishments

Clients Served (duplicated count), FY 1996:	1,890
Men:	89%
Women:	11%
Other, unknown or not reported:	1%
<13 years old:	3%
13-19 years old:	1%
20+ years old:	92%
Other, unknown or not reported:	4%
White:	74%
African American:	5%
Hispanic:	7%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	2%
Other, unknown or not reported:	11%
Men who have sex with men (MSM):	53%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	5%
Heterosexual contact:	9%
Other, unknown or not reported:	23%

### ► Improved Patient Access

- During 1997, the Title I program created a Multi-Diagnosed Task Force to respond to increases in the number of newly diagnosed injection drug users and individuals with long-standing mental health diagnoses. This task force created a case management/case coordination panel to ensure that optimal, coordinated care is delivered to clients with HIV infection who also have addictions and/or a serious mental health diagnoses, and who are the most vulnerable and complex clients.
- The EMA also funded a part-time peer treatment advocate and educator in FY 1997. The treatment educator, who is himself a PLWH, has been successful reaching others who are skeptical of western allopathic medicine. He helps these clients access information about new treatments and local care services, and to deal with the complexities of combination therapies through one-on-one counseling, small group education, and educational forums. The educator also is available on-line, which has expanded access for individuals in outlying areas of the county. In addition to these services, he provides advocacy for access to care, including treatment regimens, and assists in improving communication between clinicians and clients.



- The Title I program also provided assistance so that physicians and other clinicians providing HIV primary care within the EMA could attend clinical updates and training regarding state of the art HIV care and new anti-retroviral therapies. This was done by providing the funds needed to hire “back-up” clinicians to staff the Title I-funded clinics and provider sites, thereby enabling the regular physicians to attend the training seminars without significantly interrupting client care. While Sonoma County has several physicians with extensive HIV clinical experience, in some regions of the EMA the physicians/clinicians see only a few patients with HIV disease. In this era of rapidly developing clinical advancements and increasingly complex and difficult treatment assessments, on-going provider training is crucial to maintain optimal care.

## Title II: California

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$36,282,354	\$57,920,029	\$73,677,524	\$167,879,907
ADAP (included in Title II grant)	(\$8,415,161)	(\$26,371,892)	(\$43,064,687)	(\$77,851,740)
Minimum Required State Match	\$18,141,177	\$28,960,015	\$36,838,762	\$83,939,954

### Allocation of Funds

	1998
Health Care (State Administered)	\$58,303,696/79%
Home and Community Care	(\$1,045,000)
Health Insurance Continuation	(\$1,320,025)
ADAP/Treatments	(\$55,938,671)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$10,713,235/14%
Health Care*	(\$3,723,232)
ADAP/Treatment	(\$91,643)
Case Management	(\$2,250,798)
Support Services**	(\$4,647,562)
Administration, Planning and Evaluation (Total State/Consortia)	\$5,160,593/7%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 37

Consortium Name	Location	Service Area	Title II Funding, FY 1997
ACT Three HIV/AIDS Consortium	Jackson	Amador, Calaveras, and Tuolumne Counties	\$195,694
Central San Joaquin Valley HIV Care Consortium	Fresno	Fresno, Kings, Madera, Mariposa, and Merced Counties	\$781,827
Contra Costa HIV/AIDS Consortium	Martinez	Contra Costa County	\$173,639
Del Norte HIV CARE Consortium	Crescent City	Del Norte County	\$52,478
HIV Services Consortium of Santa Cruz County	Santa Cruz	Santa Cruz County	\$130,405
HIV/CARE Consortium of Inyo County	Independence	Inyo County	\$52,478
Humboldt County HIV CARE Consortium	Eureka	Humboldt County	\$116,262
Imperial County Ryan White CARE Group	El Centro	Imperial County	\$94,389
Inland Empire HIV Planning Council	San Bernardino	San Bernardino and Riverside Counties	\$812,812
Kern County AIDS Advisory Board	Bakersfield	Kern County	\$310,463
LA County Commission on HIV Health Svcs.	Los Angeles	Los Angeles County	\$2,019,952
Lake County HIV/AIDS Consortium	Clearlake Oaks	Lake County	\$86,951
Long Beach HIV/CARE Consortium	Long Beach	Long Beach	\$253,097
Mendocino County HIV Consortium	Ukiah	Mendocino County	\$112,968
Mono County HIV/AIDS Services Group	Mammoth Lakes	Mono County	\$52,478
Monterey County Ryan White Consortium	Monterey	Monterey County	\$229,830
Mountain Counties AIDS Consortium	Quincy	Plumas, Sierra, Lassen, Modoc, and Siskiyou Counties	\$295,184
Napa County HIV Consortium	Napa	Napa County	\$59,074

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Nevada County HIV Consortium	Grass Valley	Nevada County	\$112,615
Northern CA AIDS Consortium	Chico	Butte, Colusa, Glenn, Sutter, and Yuba Counties	\$317,874
Orange County Consortium	Santa Ana	Orange County	\$365,809
RW AIDS Consortium of Solano County	Vallejo	Solano County	\$220,397
RW Consortium of San Joaquin County	Stockton	San Joaquin County	\$260,127
Ryan White HIV CARE Consortium of Alameda County	Oakland	Alameda and Contra Costa Counties	\$542,681
Sacramento Region HIV Health Services Planning	Sacramento	Sacramento, Alpine, El Dorado, and Placer Counties	\$833,417
San Benito County Long Term Care Committee	Santa Cruz	San Benito County	\$56,996
San Diego HIV Planning Council	San Diego	San Diego County	\$667,776
San Francisco EMA Consortium	San Francisco	City and County of San Francisco, Marin and San Mateo Counties	\$1,282,715
San Luis Obispo County HIV Care Consortium	San Luis Obispo	San Luis Obispo County	\$146,620
Santa Barbara County HIV Consortium	Santa Barbara	Santa Barbara County	\$184,980
Santa Clara HIV Planning Council	San Jose	Santa Clara County	\$602,706
Shasta Trinity Tehama AIDS Consortium	Redding	Shasta, Trinity and Tehama Counties	\$226,902
Sonoma County Commission on AIDS	Santa Rosa	Sonoma County	\$370,263
Stanislaus County Ryan White CARE Consortium	Modesto	Stanislaus County	\$180,149
Tulare County HIV CARE Consortium	Tulare	Tulare County	\$239,734
Ventura County HIV CARE Consortium	Camarillo	Ventura County	\$192,049
Yolo County RW Consortium	Woodland	Yolo County	\$73,427

## Accomplishments

Clients Served (duplicated count), FY 1996:	50,930
Men:	79%
Women:	18%
Other, unknown or not reported:	4%

<13 years old:	3%
13-19 years old:	1%
20+ years old:	92%
Other, unknown or not reported:	5%

White:	44%
African American:	17%
Hispanic:	31%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	50%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	7%
Heterosexual contact:	9%
Other, unknown or not reported:	25%

### ► Improved Patient Access

- The number of people receiving Title II-funded services has grown significantly over the past five years, as a result of increased Federal and State funding support. For example, the number of clients being served by Title II consortia has increased 26% from approximately 23,000 in FY 1994 to more than 29,000 in FY 1997. The number of clients enrolled in ADAP increased from 7,000 in 1994 to 19,300 in FY 1997, representing a 176% increase during that period. As of July 1998, 22,300 clients were enrolled in ADAP.
- The grantee compared the demographic distribution of ADAP clients with the race/ethnicity of reported AIDS cases and found that ADAP is disproportionately represented by Latinos, while whites and African Americans are statistically under represented. Latinos make up roughly 30% of ADAP clients; whites and African Americans represent 54 and 11% respectively of the ADAP client load. In terms of gender, 10% of the ADAP clients are females, although they represent only 7% of total adult AIDS cases.
- To further increase enrollment of underserved population groups, client information brochures have been translated into Spanish, Tagalog, and Mandarin/Cantonese.

► **Cost Savings**

- Major recent cost-saving strategies include: 1) centralization of the ADAP through a statewide pharmacy benefits management contractor that is projected to result in savings of almost \$6.3 million in FY 1997-98, while at the same time expanding the number of participating pharmacies from 565 to more than 2,500 statewide; 2) reduction in drug reimbursement rates; and 3) implementation of mandatory manufacturers' rebates in FY 1997.

► **Other Accomplishments**

- To facilitate cross-Title planning and service delivery, a number of Title II consortia in the EMA merged with the local Title I Planning Councils during 1997, thereby reducing the number of consortia from 44 to 27, plus nine planning councils.

## AIDS Drug Assistance Program (ADAP): California

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$24,633,609	\$32,652,894	\$55,938,664	\$113,225,167
State Funds	\$15,600,000	\$40,200,000	\$55,766,000	\$111,566,000
Total	\$40,233,609	\$72,852,894	\$111,704,664	\$224,791,167

### Program

- ▶ Administrative Agency: Dept. of Health Services
- ▶ Formulary: 54 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: Sliding scale
- ▶ PLWH involvement in advisory capacity: The ADAP Medical Advisory Committee (MAC) includes members from affected communities.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	22,300
Number using ADAP each month:	8,200
Percent of clients on protease inhibitors:	75%
Percent of active clients below 200% FPL:	85%

## Client Profile, FY 1996

Men:	91%
Women:	9%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	45%
African American:	18%
Hispanic:	29%
Asian/Pacific Islander:	4%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	3%



## Title III: California

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	16	20	20	
Total Title III funding in State	\$5,999,313	\$8,438,766	\$8,386,801	\$22,824,880

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 15 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 52,875
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 13,694
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 4,041
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 24%
  - ▶ from 200 to 499: 28%
  - ▶ above 500: 22%
  - ▶ unknown: 26%

### Accomplishments

Clients served (primary care only), 1996:	13,694
Men:	87%
Women:	13%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	49%
African American:	17%
Hispanic:	31%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	45%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	5%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	10%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	30%

#### ► **Improved Patient Access**

- In 1998, approximately 75 new clients accessed the AIDS Healthcare Foundation's early intervention program each month. Approximately 3,200 clients are currently receiving services. Of the clients served, over 90% report incomes below 200% of the Federal poverty level and 60% are people of color. Of the women served, approximately 20% are mothers of HIV-infected children.
- A needs assessment identified oral health problems among the top unmet needs of PLWH in San Diego. With the assistance of Title III funds, the Logan Heights Family Health Center expanded its early intervention services to include dental care. Since opening in February 1998, the dental clinic has expanded from two days per week to four.
- With multiple sites, North County Health Services and its partner clinics provide needed services to clients residing in north San Diego County. Services include primary care, HIV testing and counseling, nutritional counseling, and dental care.
- On average, eight new clients are enrolled in the HIV/AIDS Program at Northeast Valley Health Corporation each month with the initial intake appointment generally being scheduled within three calendar days. Of the clients served, 98% were below the 300% FPL in 1997 and 62% were uninsured, 69% were people of color, including 48% Latinos, 20% African Americans and 1% Asian/Pacific Islanders.
- The Russian River Health Center provides comprehensive medical, dental, and mental health services to more than 700 HIV-infected clients. The working poor, who are uninsured and do not qualify for other government programs, have consistently made up 30 to 35% of the clients served.
- Since its inception in 1990, the San Bernardino County HIV Clinic has served more than 1,750 clients and has expanded its hours of operation to meet demand.

- Through a contract with a local community dental clinic, the Santa Cruz Health Services Agency is able to provide oral health services to PLWH.
- Dental services have historically been identified as the greatest unmet need in Long Beach and Los Angeles County. Through the St. Mary Medical Center CARE Program, a full-time dental clinic is completely integrated with CARE medical and social services.
- In 1998, the Venice Family Clinic located in Venice received a new Title III grant award to implement an early intervention program.

► **Improved Patient Outcomes**

- In 1997, approximately 264 clients received protease inhibitor therapy at the Northeast Valley Health Corporation, representing a 318% increase from 1996. The total number of days spent in the hospital for HIV-related causes decreased from 90 days in 1996 to 60 days in 1997.
- With aggressive treatment and ongoing management of HIV disease, many of the clients served by the Russian River Health Center have experienced improved clinical outcomes. A few years ago approximately two to five HIV-infected clients were hospitalized at any one time. Currently, weeks go by without a single patient being admitted.
- The mortality rates reported in 1996 and 1997 in San Bernardino County are less than one-third of those reported in 1992. The grantee attributes the improvement to widespread availability of combination therapy and use of prophylactic medications.
- The San Francisco Community Clinic Consortium conducted a random sample audit of medical charts to assess clinical outcomes in 1997. The results showed that clinical standards of care are being followed. Specific results documented that antiretroviral therapy was begun or discussed with 95% of clients with CD4 counts less than 500 cells/mm<sup>3</sup> and 96% of clients with viral loads greater than 10,000 copies/ml.
- To increase compliance with complicated medication regimens, the Santa Cruz Health Services Agency initiated a beeper system for clients. When a medication is due, the beeper rings and provides a digital readout of the medications due and the correct dose.

► **Cost Savings**

- In 1997, the San Francisco Community Clinic Consortium realized a direct cost saving for viral load testing by negotiating its participation in a Chiron Diagnostics' expanded access program. Through this program, the negotiated cost per viral load test was \$15 compared to the market rate of \$100 per test. In 1998, the Clinic Consortium accessed viral load testing through the State's Title II viral load voucher program.

### Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
AIDS Healthcare Foundation	Los Angeles	Los Angeles County	Non-329/330/340 Health Center
AltaMed Health Services	Los Angeles	Los Angeles County	Community and Migrant (329/330) Health Center
Catholic Healthcare West/C.A.R.E. Program	Long Beach	Los Angeles and Orange Counties	Hospital/University-based Medical Center
Clinica Sierra Vista	Bakersfield	Kern County	Community and Migrant (329/330) Health Center
Community Medical Centers	Stockton	San Joaquin, Solano, Yolo, and Calaveras Counties	Community and Migrant (329/330) Health Center
County of Orange Health Care Agency	Santa Ana	Orange County	Health Department
County of Santa Cruz Health Services	Santa Cruz	Santa Cruz County and Northern Monterey County	Health Department
Goodman Special Care Clinic/LAGLSC	Los Angeles	Los Angeles County	Non-329/330/340 Health Center
Logan Heights Family Health Center	San Diego	San Diego County	Community and Migrant (329/330) Health Center
Mendocino Community Health Clinic	Ukiah	Mendocino County	Community and Migrant (329/330) Health Center
North County Health Services	San Marcos	North San Diego County	Community and Migrant (329/330) Health Center
Northeast Valley Health Corporation	Panorama City	Northern and Central Los Angeles County and Eastern Ventura County	Community and Migrant (329/330) Health Center
Russian River Health Center	Guerneville	Sonoma County	Non-329/330/340 Health Center
San Bernardino County	San Bernardino	San Bernardino, Riverside, and Los Angeles Counties	Health Department
San Francisco Community Clinic Consortium	San Francisco	San Francisco County	Non-329/330/340 Health Center
Santa Barbara County Health Department	Santa Barbara	Santa Barbara County	Health Department
Santa Clara Co. Health and Hospital System	San Jose	Santa Clara County	Health Department
Tri-City Health Center	Oakland	Alameda County	Non-329/330/340 Health Center

Grantee Name	Location	Service Area	Type of Organization
University of CA, San Diego, Med. Ctr./Owen Clinic	San Diego	San Diego County	Hospital/University-based Medical Center
Venice Family Clinic	Venice	West Health District of Los Angeles County	Non-329/330/340 Health Center

## Title IV: California

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	4	4	5	
Total Title IV Funding	\$1,967,290	\$2,610,000	\$3,248,888	\$7,826,178

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	4%
Women with children:	15%
Adolescents/young adults:	22%
Children:	34%
Infants:	14%
Clients with AIDS/HIV Infection:	57%

### Accomplishments

All clients served, 1996:	1,863
Men:	39%
Women:	61%
(Adolescents and adults only)	
<13 years old:	49%
13-19 years old:	22%
20+ years old:	29%

White:	20%
African American:	31%
Hispanic:	43%
Asian/Pacific Islander:	3%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	7%
Injecting drug user (IDU):	5%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	11%
Receipt of blood transfusion, blood components, or tissue:	3%
Pediatric Exposure:	16%
Other, unknown or not reported:	56%

► **Improved Patient Access**

- The total number of clients served by the Children's Hospital in Oakland's Family Care Network increased by more than 243% from 1996 (115 clients) to 1997 (394 clients).
- A new confidential HIV counseling and testing site of the Family Care Network allows parents and youth to receive services without a provider referral.
- As part of Health Initiatives for Youth's Project AHEAD Title IV program, a peer treatment advocate works directly with HIV-infected youth to provide information on HIV research and treatments through one-on-one consultations and group workshops at ten sites located throughout the service area. A new formal collaboration with the San Francisco Community Clinic Consortium makes adolescent HIV counseling, testing, and care services available at ten additional community-based clinics.
- The University of California at San Diego's (UCSD) Title IV project provided primary care and HIV counseling and testing services to homeless and street youth in a mobile van clinic.
- The Public Health Foundation, Enterprises' Los Angeles Family AIDS Network (LAFAN) provided more than 7,500 women with HIV counseling and testing at 20 prenatal sites in both 1996 and 1997.
- The four California Title IV projects enrolled more than 625 clients in clinical research opportunities through in 1997.
- In 1998, the Family Care Network expanded access to clinical research by adding two clinical-trial advocates to the project staff. These advocates, both PLWH, provide education to women about various research options.

- All HIV-infected children and adolescents enrolled in the San Diego Title IV program receive combination antiretroviral therapy.
- Total clients served by Public Health Foundation Enterprises, Inc. increased by 26% (from 1048 to 1325) between 1995 and 1997.
- Total clients served by the University of California San Diego Program increased 78%, from 129 in 1996 to 230 in 1997.
- Public Health Foundation Enterprises, Inc. entered into new collaborative and subcontract relationships with the To Help Everyone Clinic, the Alta Mujeres Clinic, Women Alive, Spectrum Mental Health Services, and Women at Risk.

► **Improved Patient Outcomes**

- In three of the four California Title IV projects, no infants born to HIV-infected pregnant women were found to be infected in 1997.
- Ninety five percent of children for whom antiretroviral therapy was indicated received combination therapy at Oakland's Family Care Network.
- Of all clients on antiretroviral therapy at the Family Care Network, 50% reported undetectable viral loads.
- In 1997, providers at UCSD changed antiretroviral therapy for more than half of the clients. The change in therapy resulted in reductions in viral load, increases in CD4 counts, and reduced associated illnesses.

► **Cost Savings**

- After receiving Title IV funds, Oakland's Family Care Network raised additional funds to expand the health care delivery model.



Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Children's Hospital Oakland	Oakland	Alameda and all other Northern California Counties	Hospital
Health Initiatives for Youth	San Francisco	San Francisco	HIV/AIDS Social Service Agency
Larkin Street Services (Adolescent)	San Francisco	San Francisco	Community-based Organization
Public Health Foundation, (LAPAN)	Los Angeles		
University of CA, San Diego, School of Medicine	La Jolla	San Diego County, Arizona and Nevada	Academic Medical Center

## Special Programs of National Significance (SPNS): California

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	13	15	15	
Total SPNS Funding in State	\$5,260,258	\$7,208,692	\$6,665,879	\$19,134,829

### Project Descriptions

#### ► AIDS Healthcare Foundation

**Location:** Los Angeles

**Project period:** 10/94 - 9/99

**Population Served:** AIDS patients eligible for Medi-Cal

**Description of Services:** The AIDS Healthcare Foundation (AHF) project tests the feasibility of providing comprehensive HIV services under a capitated care reimbursement system. AHF is a community-based organization that provides primary care to HIV-infected persons at six sites in the Los Angeles area. AHF provides care to clients on a fee-for-service basis and under a new capitated program, Positive Healthcare. All AIDS patients in Los Angeles County who are beneficiaries of California's Medicaid system are eligible to receive care under the capitated system. The project seeks to demonstrate that a capitated, managed care plan can lower opportunistic infections for clients; produce fewer and shorter hospitalizations; achieve better compliance with medical treatment and drug regimens; and increase clients' life spans and quality of life. The project includes plans to document the outcomes of this research and disseminate findings to other providers nationwide.

#### Project Highlights

- AHF has developed and implemented a comprehensive, capitated, managed-care plan for Medi-Cal beneficiaries living with AIDS and, since 1995, has enrolled over 900 clients. The managed-care plan, Positive Healthcare, has maintained an active caseload of over 500 enrollees and has been accruing new clients at the rate of 25 per month.
- In an effort to provide quality care, partnerships have been formed with a number of other institutions. These include a specialty care referral network known as CHAIN; inpatient and outpatient procedures at three medical facilities; home health care provided by the National Medical Corporation; and pharmacy services through Diagnostek.

- A data collection system has been established to determine client characteristics and track the costs and utilization of services. Plans have been developed to reduce costs by increasing the use of home care, and by using specialists and case managers to help clients stay compliant and healthy.

#### ► **American Indian Health and Services**

**Location:** Santa Barbara

**Project period:** 2/97 - 1/02

**Population Served:** HIV-infected Native Americans

**Description of Services:** Because of fragmentation of the current system of health care and its lack of knowledge about Native American culture and the health and social needs of Native Americans, HIV-infected Indians often experience low morale and other psychosocial problems, which diminishes their motivation to comply with health recommendations. As a group, Native Americans very often hesitate to openly discuss health issues with non-Native health care providers. For this reason and others, their needs are often unmet. The American Indian Health and Services' Red Ribbon Bridge (RRB) proposes to: 1) identify the unmet needs of the HIV-infected Native Americans residing in Santa Barbara County; and 2) develop and implement an effective method of addressing these needs. Based on the grantee's knowledge of the HIV-infected Native American community in Santa Barbara, the RRB will organize and convene focus group sessions for this community to allow them to openly discuss any health care or social service issues which they feel would enhance their overall health. The findings from this research will dictate how the project will proceed.

#### **Project Highlights**

- Two focus group sessions were conducted with approximately 20 HIV-infected Native Americans residing in Santa Barbara County. Through these sessions, it was concluded that the clients had an overwhelming need to become more proactive in their health care regimen. This included the need to become more aware of the social and cultural services that are available and how to access them. Because of the relationships that evolved from the focus group sessions and the opportunity for open discussions, it was felt that regular group sessions would provide participants with the support they need as PLWH.

#### ► **Bay Area Young Positives**

**Location:** San Francisco

**Project period:** 12/93 - 11/98

**Population Served:** HIV-infected youth (under 26 years old)

**Description of Services:** BAY Positives is a peer-run, peer-based, non-profit organization providing psychosocial services for youth with HIV up to the age of 26. Special attention is given to providing services for ethnic minorities, gay, lesbian, and bisexual youth; those who are recovering from drug and alcohol abuse; and victims of sexual abuse. The program is staffed by former clients who have had similar experiences themselves, and who now work either as paid staff or volunteers. BAY Positives offers peer-facilitated support groups, one-on-one support from member advocates and peer facilitators, development and training workshops, youth advocacy, and recreational activities to reduce isolation and increase access to information about HIV.

## **Project Highlights**

- BAY Positives has developed a training manual describing the steps involved in establishing a peer-based, peer-run, non-profit organization to serve HIV-infected youth. It has also conducted nine training sessions for a total of 30 participants.
- Among other innovations, BAY Positives has implemented the Theater Project and the Therapeutic Expression Program, which later developed into a highly effective outreach program.
- BAY Positives has successfully hired, trained, and supported HIV-positive youth in administrative and management positions, as well as direct service positions.
- BAY Positives has provided peer counseling, advocacy education, and case management information to more than 100 HIV-infected individuals, including a diverse client population of African American, White, Hispanic, Asian/Pacific Islander, and multi-racial youth.

### **► Children's Hospital, Los Angeles**

**Location:** Los Angeles

**Project period:** 12/93 - 11/98

**Population Served:** High-risk, homeless and/or street youth

**Description of Services:** The CHLA project has developed a service model geared toward hidden, high-risk youth between the ages of 12 and 24, including gay, lesbian, bisexual, and transgender youth, and injection drug users and their sexual partners. Using a variety of outreach strategies, the program seeks to link youth to a comprehensive set of medical and support services available at a centrally located adolescent-youth care center, the Los Angeles Free Clinic. Identified youth are then linked to health screening, primary health care and treatment, HIV/STD testing and counseling, HIV risk-harm reduction programs, mental health, and substance abuse services (including counseling, intensive case management, and other support). Clients are identified through the social networks of other, already identified HIV-positive youth.

## **Project Highlights**

- Based on extensive outreach experience, the CHLA project developed a series of successful outreach and clinic enrollment methods, along with activities designed to reach hidden, disenfranchised HIV-positive youth populations. Access to mental health counseling was found to be critical in enrolling these youth in primary care. As a result of these efforts, two hundred previously unreached and untested youth were identified as HIV-positive and were subsequently enrolled in ongoing primary care.
- The project worked successfully with a large number of local organizations, such as the Adolescent HIV Consortium, the L.A. County Prevention Planning Committee, the Transgender Task Force, and other service providers, to help put project findings into practice throughout the Los Angeles area.
- The project conducted major evaluation efforts and disseminated research findings at HIV conferences and in journal articles and other professional publications.

► **Harbor-UCLA Research and Education Institute**

**Location:** Torrance

**Project period:** 10/96 - 9/01

**Population Served:** HIV-infected, non-disabled, indigent individuals

**Description of Services:** An estimated 94% of HIV patients who are served by community agencies but do not have AIDS are reportedly unemployed. Joblessness places them at risk for substance abuse, loss of medical care, and psychiatric co-morbidity. The Rehabilitation Services project integrates vocational rehabilitation and job placement with existing medical and support services. Specifically, it provides medical, psychosocial, mental health, and vocational evaluation of unemployed, non-disabled HIV-infected persons. It helps them plan for vocational rehabilitation and provides job placement services.

**Project Highlights**

- The Rehabilitation Services project established formal agreements with Goodwill Industries of Long Beach and South Bay to provide rehabilitation services, including education, training, and placement. It developed agreements with the City of Long Beach Community Development Department for training services and solidified partnerships and linkages with 10 other agencies and providers, including area hospitals and clinics.
- The project successfully established case-management services for the target population. A model system was developed for recruiting unemployed, HIV-positive clients into the program. More than 150 clients were subsequently enrolled and received services. Vocational rehabilitation plans were developed for 67 clients and helped 17 return to work.

► **Health Initiatives for Youth, TRC Project**

**Location:** San Francisco

**Project period:** 12/93 - 11/98

**Population Served:** HIV-infected youth (under 25 years old)

**Description of Services:** This HIFY project offers training, technical assistance, and informational resources to assist providers who work with youth in the San Francisco Bay area. The objective is to increase provider knowledge and skills in working with adolescents and young adults using a broad, flexible range of culturally appropriate strategies. Training occurs in three venues: a large annual national conference; standardized cross-agency training sessions at regular intervals; and customized in-service presentations for agency staff. The project also evaluates the impact of training on provider services.

**Project Highlights**

- HIFY has developed a Young Women's Health Team to educate and empower at-risk young women, encouraging them to take control of their own health and get tested for HIV. The team has provided education and prevention information to more than 100 participants.
- The project's National Advocacy Team has developed a national network of Youth with HIV and produced high-quality publications by and for this population.
- The HIFY Speakers Bureau has improved the communication and leadership skills of youth with HIV, and helped to educate at-risk youth and community members about the epidemic.

- HIFY convened over 1,000 young people and decisionmakers to learn about HIV/AIDS education and exchange perspectives on how to address HIV/AIDS in their communities.
- The project held over 100 training sessions for HIFY service providers, involving approximately 9,000 participants.
- HIFY developed two innovative training models to engage HIV-positive and at-risk youth in workshops to build job skills.
- The project brought together 20 young people from across the country for a two-week intensive training and apprenticeship program designed to help them implement youth-for-youth HIV intervention programs in their own communities.
- The project produced a comprehensive survival guide for HIV-positive youth, including health and treatment information and a directory of services.
- The project conducted a series of youth health forums involving HIV-positive youth and young women service providers to address the care and treatment needs of these groups.

#### ► **Health Initiatives for Youth, YES Project**

**Location:** San Francisco

**Project period:** 10/94 - 9/99

**Population Served:** Health and human service providers

**Description of Services:** The HIFY project has developed innovative, practical, social and skills-building programs to complement medical health-care services for disadvantaged, high-risk youth, ages 14 to 24, in San Francisco. Three HIFY teams provide integrated, modular, youth-centered services, resources, and training. HIFY team members--who were once clients themselves--seek to empower, educate, sensitize, and mobilize young people around HIV-related treatment. The teams also deal with prevention, research, and public policy issues. They encourage youth to seek testing, while developing linkages to appropriate care and support services.

#### **Project Highlights**

- More than 150 training sessions were provided to an estimated 7,400 youth and service providers in the Bay Area, including social service providers, counselors, case managers, and mental health professionals.
- HIFY conducted an agency impact assessment of health and social service providers to gauge the effectiveness of HIFY training and identify the emerging needs of the communities in which the project works. A majority of the agencies surveyed reported that training had a noticeable or significant impact on their staff, services, clients, and organizational structures.
- One of the most successful initiatives was HIFY's three-day training titled "Youth and the HIV Antibody Test" (YHAT). Over the course of the project period, more than 25 YHATs have been offered.
- The Youth Track workshops conducted by HIFY at the 1997 National AIDS Update Conference were successful in fostering youth-adult partnerships and allowing youth staff to gain experience in planning, public speaking, and other skills. Youth Track was cited as improving inter-agency collaboration as well.

### ► **Larkin Street Services**

**Location:** San Francisco

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected youth

**Description of Services:** An HIV-positive diagnosis for a homeless young person exacerbates issues of abuse, neglect, substance abuse, and mental illness. Larkin Street Youth Center is dedicated to helping these youth leave street life permanently. The Center's Aftercare Program uses a multi-service "wrap-around" approach to reduce barriers to care and provides housing as well as medical, mental health, substance abuse, and psychosocial services. A new Assisted Care Facility extends the benefits of Aftercare by providing comprehensive services at a single location. Assisted Care offers permanent assisted living/housing, individualized treatment plans, and long-term care for young people 25 and younger who are disabled, require special assistance, or are unable to care for themselves.

### **Project Highlights**

- The LSYC Assisted Care program has operated at full capacity since June 1998, with youth accessing all services of the Aftercare program and the Assisted Care facility. The facility itself provides housing for 12 youth, who also receive medical care, psycho-social support, and case management services. Care has recently been expanded to include educational and employment workshops and substance abuse counseling on site. Another significant addition is the opening of an on-site HIV Specialty Medical Clinic to provide primary care and access to clinical trials. The co-location of the clinic with other LSYC services has increased client compliance with medical care follow up.
- The Assisted Care/Aftercare programs have provided 6,899 case management sessions to youth, including psychiatric care for those with severe mental health issues. Clients have received 33,180 meals at the center. Aftercare has provided housing assistance in scattered-site hotels and apartments to 54 youth. Primary medical care has been provided to all youth who use the Assisted Care/Aftercare facility, bringing a dramatic improvement in viral loads for these clients.
- LSYC collaborated with the San Francisco Department of Public Health AIDS office to include the Assisted Care Facility on the city's waiting list, to ensure a streamlined referral process.

### ► **Lutheran Social Services of Northern California**

**Location:** San Francisco

**Project period:** 10/96 - 9/01

**Population Served:** HIV-infected homeless substance users/mentally ill

**Description of Services:** The Bridge project was developed to provide rental assistance and a host of integrated health-care and support services to homeless and multiply diagnosed persons living with HIV, particularly those with a history of instability, those who have been unable to access care, or those who have been alienated by traditional service systems. The project is a collaborative initiative and involves six service agencies and four privately-owned residential hotels in the Tenderloin neighborhood of San Francisco. Program offices are maintained at each site. Sites offer stable shelter with an array of on-site services, giving clients an opportunity to improve their health and well-being while addressing issues contributing to their homelessness. The project fosters a philosophy of harm reduction and strives to assist those who are active substance abusers by eliminating barriers to care, shelter, and other essential services.

## **Project Highlights**

- The Bridge project has developed a dynamic service delivery and housing program model tailored to homeless and multiply-diagnosed clients, through staff available on-site at each of four hotels to provide a comprehensive program of care. An important component of the Bridge project model is a multi-disciplinary team approach to service delivery encompassing primary medical care, home nursing services, mental health services, substance abuse management counseling, case management, benefits advocacy, nutrition counseling, support groups, and health education.
- The Bridge project has successfully served, counseled, and cared for 130 multiply diagnosed, homeless HIV clients with a history of instability or inability to access traditional systems of service as a result of mental illness or substance abuse.
- The project has addressed issues contributing to clients' housing and income instability and helped them access stable housing, social benefits, and a stable source of income.

### **► National Native American AIDS Prevention Center**

**Location:** Oakland

**Project period:** 2/97 - 1/02

**Population Served:** Native Americans

**Description of Services:** Native Care is a unique collaborative program that has been developed in response to the increasing HIV crisis among American Indians, Alaska Natives, and Native Hawaiians. To achieve its two primary goals--client welfare and capacity building--Native Care offers comprehensive, integrated service delivery based on the model of a free-standing and culturally responsive case management system. Under Native Care, the case management model has been expanded to include clients as well as case managers and providers. Participating sites have developed collaborative agreements to improve case management services to Native American clients in Arizona, Hawaii, Minnesota, Missouri, New York, North Carolina, and Oklahoma.

## **Project Highlights**

- Native Care has established institutional linkages and collaborative agreements at all network sites. The networks ensure Native American clients coordinated access to a range of services including medical care, social services, life skills, mental health services, nursing care, substance abuse treatment, and traditional healing services.
- Case management services have been established at all sites, and targeted case management has been provided for close to 300 Native Americans. Clients include 60 Asian/Pacific Islanders, 217 Native Americans, and two Alaska Natives.
- The project has developed a formal agreement between the Minneapolis site and a local correctional institution to provide case management services to Native American inmates.
- A national network office provides administrative oversight, training, information exchange and dissemination, and program design and evaluation services to participating sites.



► **Northeast Valley Health Corporation**

**Location:** Panorama City

**Project period:** 10/96 - 9/01

**Population Served:** Homeless and immigrant populations

**Description of Services:** HIV Cybermall provides an innovative model for enhancing access to HIV-related services for the homeless, immigrants, ethnic and linguistic minorities, and those with substance abuse problems. The project created a computer network linking 18 partner service agencies throughout Los Angeles County's San Fernando and Antelope Valleys. The service area is large, and no one agency can provide a full range of services. HIV Cybermall provides a client-driven solution to improve access to care, allowing clients to obtain information about HIV/AIDS services directly and anonymously.

**Project Highlights**

- The development of the Cybermall computer network provides a model for improving coordination among social and medical service agencies across a wide geographic area.
- Training in the use of Cybermall hardware and software has been provided to 25 agency staff, and nine of the 18 partner service agencies are now fully operational.
- The project's client-driven computerized network allows hard-to-reach and underserved populations to access information about HIV/AIDS-related services directly and anonymously, using a client-held password. It allows any participating agency to be the entry point (or "store front" on the mall) for the client. Data are entered by an agency worker into a common template and referrals and appointments are then made electronically for services at other participating agencies.
- The project has improved care for underserved populations, allowing them to access a continuum of care, including primary care, HIV/AIDS specialty care, transportation, and a host of other services.
- An associated HIV Cybermall web site provides on-line services and service directories, real-time services and linkages to other HIV information sites.

► **Prototypes (WomensLink)**

**Location:** Culver City

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected women

**Description of Services:** PROTOTYPES WomensLink is a community-based outpatient program that delivers a seamless continuum of care to impoverished hard-to-reach women and their families. The project offers medical, mental health, and social services at an accessible store-front site where women and families can congregate. Clients receive guidance and counseling, professional and peer supportive services, referrals, and information. By offering services in a culturally appropriate setting, the project seeks to retain women in health care and drug treatment and improve their adherence to therapy. The project also educates providers in effective methods for treating women substance abusers with HIV/AIDS.

## **Project Highlights**

- WomensLink successfully connected women to HIV care and other services, improved adherence and participation in care, and provided access to new treatment opportunities. A total of 352 women were served: 49% African American, 26% Hispanic, and 18% White. Of these, 226 were linked to primary care; 93% received counseling on treatment adherence; and 84% of women with children enrolled in the project's support-services program.
- Almost 70% of WomensLink clients reported that they rarely missed their medical appointments since joining the program; almost 80% said WomensLink helped them adhere to treatment. Before enrolling, nearly two thirds had not received any social services; afterward, 91% followed through with recommended care.
- One third of the women interviewed cited transportation as a major barrier to care; after WomensLink, 65% reported using the project's transportation services to access care. One quarter cited a lack of knowledge about treatment options as an obstacle to care; WomensLink addressed the issue by linking almost 50% of its clients to clinical trials or related studies.

### **► Prototypes/The Measurement Group Consortium**

**Location:** Culver City

**Project period:** 10/94 - 9/99

**Population Served:** SPNS grantees

**Description of Services:** The Measurement Group (TMG)-PROTOTYPES consortium serves as an Evaluation and Dissemination Center for 27 SPNS grantees. TMG helps grantees evaluate and disseminate information about the innovative care models they are developing. The Group also performs cross-cutting multi-site data collection and analysis to track the impact of SPNS interventions on HIV-positive clients and health-care institutions nationwide. Other TMG activities include conducting evaluation workshops, developing a computerized data repository, providing logistical support for meetings, and working with grantees to produce journal articles and reports.

## **Project Highlights**

- The Measurement Group created an extensive up-to-date "Knowledge Base" on the World Wide Web to provide information on grantee projects and results. TMG also helped produce a large number of reports, articles, fact sheets, conference presentations and posters, and other products. TMG produces SPNS/Fax, a biweekly faxed newsletter highlighting individual project results for dissemination to care providers and policy makers.
- TMG conducted workshops and other forms of training on evaluation design and implementation. The Group also presented papers at national and international conferences, including the Twelfth World AIDS Conference in Geneva (1998), the American Psychological Association Meeting (1998), and the American Public Health Association Meeting (1998).

► **Visiting Nurse Foundation**

**Location:** Los Angeles

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected individuals

**Description of Services:** VNAF has launched a capitated home and hospice program for end-stage AIDS clients using a unique “transprofessional” model of care. Under this model, clients receive a mix of curative and palliative care from an interdisciplinary case-management team made up of nurses and social workers. Because many hospice models of care and reimbursement are based on disease entities other than HIV/AIDS, this project seeks to achieve a better understanding of the financial ramifications of end-stage hospice services for AIDS clients. It also works to remove barriers to hospice care, while educating providers and clients on the benefits of hospice, training care teams in acute care and palliative care, and improving the quality of life and care for clients at this stage of the disease. VNAF is also conducting an evaluation of service utilization, costs of care, quality of life, and patient outcome under the transprofessional model, compared with the traditional home-care model.

**Project Highlights**

- The project successfully developed, implemented, and evaluated a novel capitated home/hospice program for persons with end-stage AIDS. The project served a pilot group of 254 clients, of whom 22% were African American, 27% Hispanic, and 45% White.
- Studies evaluating the effectiveness of the transprofessional model versus the home-care model were developed and implemented. They found that under the transprofessional model, clients remain in care longer and report significantly higher levels of client satisfaction. The transprofessional model also brought cost savings of over \$3 per patient per day.

► **Walden House**

**Location:** San Francisco

**Project period:** 12/93 - 11/98

**Population Served:** High-risk youth

**Description of Services:** The Walden House project targets youth under the age of 25 who are triple-diagnosed with substance abuse, psychiatric, and physical health issues, specifically HIV infection. For this special population the project offers comprehensive treatment services covering education and prevention, HIV counseling and testing, mental health services, counseling, complementary therapy, and outreach activities. For youth who are enrolled in the residential program, the project provides enhanced ancillary services. Extensive screening, education, and prevention are also available to all youth who are in residential substance abuse treatment programs.

## **Project Highlights**

- Walden House outreach has successfully established linkages with 12 other service agencies, thus expanding the network of local providers and increasing referrals to the program. The program has already received referrals from 47 of California's 53 counties, including referrals from probation and parole officers, case managers, mental health professionals, and the Department of Human Services.
- The project implemented a street outreach component in partnership with two agencies that target high-risk street youth including runaways, injection drug users, and sex workers.
- The project has successfully served a diverse population of 196 youth, of whom 15% are African American, 53% White, 26% Hispanic, 4% Asian/Pacific Islander, and 3% Native American. Of these, 75% were male and 25% female.
- Walden House maintains five to 10 HIV-positive youth in a residential or outpatient treatment program, and provides them with counseling, therapy, and related support.
- In collaboration with another adolescent SPNS grantee, Walden House co-sponsored an annual conference and gathering of young people to mobilize the community around issues involving HIV/AIDS and young adults.
- In collaboration with local government, the project helped organize the 1997 Youth Empowerment Conference, and also coordinated the youth track at the annual AIDS Update Conference.

## AIDS Education and Training Centers: California

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Pacific AETC
- ▶ States Served: Arizona, California, Hawaii, Nevada
- ▶ Primary Grantee: University of California, San Francisco, San Francisco, CA
- ▶ Subcontractors in State: Alameda Co. Med.Center/Highland Gen. Hospital - Oakland  
Drew AIDS Education and Training Center - Los Angeles  
Health Education and Training Center - San Jose  
San Francisco Gen. Hosp./Family & Community Med. - San Francisco  
San Joaquin Valley Health Consortium - Fresno  
Sonoma Co. Academic Found. for Excellence in Med. - Santa Rosa  
UCLA, Center for Health Promotion & Disease Prev. - Los Angeles  
Univ. of CA, Davis, Cancer Center - Sacramento  
Univ. of CA, San Diego, Owen Clinic - San Diego  
Univ. of CA, San Francisco, School of Nursing - San Francisco  
Univ. of Southern CA, School of Medicine - Los Angeles

### Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$2,888,951	\$2,754,764	\$3,447,827	\$9,091,542

### Training Highlights from FY 1997

- The Pacific AETC entered into a joint training agreement with the California Department of Corrections and the CDC-funded Francis J. Curry Tuberculosis Center to conduct a statewide training of health care providers. The trainings will focus on the complexities of providing care in a correctional setting, including adherence to treatment regimens.
- The UC San Diego performance site conducts an ongoing training program for correctional health care providers in the county jail and at a state prison near the Mexico Border. Trainers go onsite to mentor HIV clinicians and provide follow-up clinical care consultation via e-mail.

- The Arizona performance sites have carried out a variety of activities including: an HIV/AIDS update and an ACTG 076 Skills Workshop at the National Hispanic Nurses Association Convention; two HIV dental mini-residencies with participants from Title I-, II- and III-funded organizations; a program on PHS treatment guidelines downlinked for Arizona Department of Corrections providers; and the quarterly HIV Key Providers Roundtable Dinner Lecture Series.
- The Hawaii performance site co-sponsored a number of trainings on HIV and substance abuse including: “HIV and Substance Abuse” for the Hawaii Chapter of the National Association of Social Workers; and skill-building sessions targeting public health nurses, HIV case managers, and outreach workers. It also conducted “Things We Never Learned in School: Working with Gay/Lesbian/Transgender People,” a one-day conference designed to familiarize providers with sexual minority issues, and “Building Nursing Skills in HIV Care,” an intensive three-day program drawing participants from the nursing staff at the Department of Public Safety, public health nursing, hospitals, AIDS service providers, managed care organizations and community health centers.
- In collaboration with the State of Nevada Division of Health Care Financing, the Nevada performance site provided a statewide program to Medicaid providers on reducing perinatal HIV transmission. The interactive video presentation was broadcast from Reno to Elko, Ely, Fallon, Hawthorne, Las Vegas, Lovelock and Winnemucca.
- The Pacific AETC operates two national training-related programs, the National HIV Telephone Consultation Service (Warmline), providing treatment information to clinicians, and the national Clinicians’ Post-Exposure Prophylaxis Hotline (PEPlne).

## HIV/AIDS Dental Reimbursement Program: California

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	7	7	7	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$1,048,211	\$964,249	\$978,696	\$2,991,156

### Accomplishments

Est. clients served, 1996:	33,116
Men:	53%
Women:	47%
<13 years old:	4%
13-19 years old:	0%
20+ years old:	96%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Highland General Hospital	Oakland
King/Drew Medical Center	Los Angeles
Loma Linda University	Loma Linda
U.C.L.A. School of Dentistry	Los Angeles
University of California, San Francisco	San Francisco
University of Southern CA, School of Dentistry	Los Angeles
University of the Pacific	San Francisco